#### **STATE OF MAINE**

#### COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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# POLITICAL ACTION COMMITTEE CAMPAIGN FINANCE REPORT 2004

NAME OF PAC		Acro	onym
Mailing address	Official Headquarters of PAC)		CHECK IF CHANGED SINCE PREVIOUS
City, Zip Code			REPORT
Telephone number	Fax	E-mail	
NAME OF TREASURER			
Mailing address			CHECK IF CHANGED SINCE PREVIOUS
City, Zip Code			REPORT
Telephone number	Fax	E-mail	
TYPE OF REPORT AND FI	LING PERIOD (please check	k)	
Type of Report:	<b>Due Date:</b>	Reporting Period:	
( ) April Quarterly	<b>April 12, 2004</b>	January 6, 2004 – N	· ·
( ) 6-Day Pre-Primary	June 2, 2004	April 1, 2004 – May	· · · · · · · · · · · · · · · · · · ·
( ) 42-Day Post-Primary	<b>July 20, 2004</b>	May 28, 2004 – July	, ,
( ) October Quarterly	October 12, 2004	July 14, 2004 – Sep	•
( ) 6-Day Pre-General	October 27, 2004	October 1, 2004 – C	· · · · · · · · · · · · · · · · · · ·
( ) 42-Day Post-General	<b>December 14, 2004</b>	October 22, 2004 –	•
( ) January Quarterly	January 18, 2005	<b>December 8, 2004</b> –	- January 5, 2005
( ) Other (specify):			
( ) Amendment to:			
I CERTIFY THAT THE INFO	RMATION IN THIS REPORT	IS TRUE, CORRECT AN	ND COMPLETE.
		. ,	
	Treas	surer's Signature	

Name/mailing address of candidate  Party Affiliation  Office sought  Date/type Election  Date/type Compose Candidate(s)  Party Affiliation  Office Sought  Date/type Affiliation  Office Sought  Date/type Compose Candidate(s)  Party Affiliation  Office Sought  Date/type Election	Name of PAC					
Support Candidate(s)  Name/mailing address of candidate  Party Affiliation  Office sought  Election  Date/type Election  Oppose Candidate(s)  Name/mailing address of candidate  Party Affiliation  Oppose Candidate(s)  Name/mailing address of candidate  Party Affiliation  Office Sought  Date/type Election  Support PAC, Political Committee or Party Committee						
Oppose Candidate(s)  Name/mailing address of candidate  Party Affiliation  Office Sought  Date/type Election  Date/type Election			each catego	ory that appnes)	)	
Oppose Candidate(s)  Name/mailing address of candidate  Party Affiliation  Office Sought  Date/type Election  Support PAC, Political Committee or Party Committee					Office sought	Date/type of
Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee		/mailing address of Candidate			Office sought	Election
Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee			$\longrightarrow$			
Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee						
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Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee					<u> </u>	
Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee			$\longrightarrow$		<u> </u>	
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Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee						
Name/mailing address of candidate  Party Affiliation Office Sought Election Support PAC, Political Committee or Party Committee						
Support PAC, Political Committee or Party Committee				Party	T	Date/type of
	Name/	mailing address of candidate			Office Sought	Election
Traine of committee			<u>Committee</u>		tress of committee	
		mic or committee		1244	ites of committee	
			-			
Support/Oppose Referendum or Initiated Petition	Support/Oppose	Referendum or Initiated Pet	tition			
Indicate support			LIVIUII			
Or opposition						
	Or opposition					

	Pageof
Name of PAC	(Schedule A only)
SC	HEDULE A

Include the names and mailing addresses of contributors who have given more than \$50 to the PAC after The PAC has registered, the amount contributed by each donor, and the date of the contribution.

Do not include in-kind contributions or loans on this schedule.

CASH CONTRIBUTIONS TO PAC

DATE RECEIVED	Contributor's name, mailing address, zip code (Contributions in excess of \$50)	Amount
	1. Total cash contributions this page only	
	Complete lines 2-4 on last page of Schedule A only: 2. Total from attached Schedule A pages	
	3. Aggregate of cash contributions of \$50 or less not itemized	
	4. Total cash contributions this reporting period (Add lines 1, 2 & 3) (Enter on Schedule G, line 1(a))	

	Page of
Name of PAC	(Schedule B only)

### **SCHEDULE B**

# EXPENDITURES CONTRIBUTIONS TO CANDIDATES, COMMITTEES

Do not include in-kind expenditures on this schedule.

Date of Payment	Candidate/committee's name	Candidate/committee's address Zip code	Amount contributed this reporting period	aggregate amount contributed to this entity during campaign
	1. Total contributions to cand			
	Complete lines 2-3 on last pa  2. Total from attached Sched			
	3. Total contributions to cand	didates this reporting period		

	Page of
Name of PAC	(Schedule B only)

### **SCHEDULE B-1**

# EXPENDITURES OPERATING EXPENSES

Do not include loan repayments on this schedule.

Date of Payment	Payee/organization name, Address, zip code	Purpose of expenditure	Amount
	1. Total operating expenses this p	age	
	Complete lines 2-3 on last page of 2. Total from attached Schedule I		
	3. Total operating expenses this (Add lines 1 & 2) (Enter on So	reporting period	

	Page of
Name of PAC	(Schedule C only)
S	CHEDULE C

### IN-KIND CONTRIBUTIONS/EXPENDITURES

PART 1. With respect to <u>all</u> items and services received and expended, enter the date received, a description of the item or service, and the fair market value. Enter contributor information if the fair market value of donated item or service is <u>more</u> than \$50.

Date Received	Contributors name , address, zip code	Description of goods, services, discounts or facilities received/expended	Fair market value
	1. Total in-kind contri	butions/expenditures this page only	
	Compete lines 2-3 on a  2. Total from attached	last page of Schedule C, Part 1 only: I Schedule C, Part 1 pages	
	period	ributions received and expended this reporting (Enter on Schedule G, lines 1(b) and 4(c)	

PART 2. If the items shown in Part 1 were, in turn, contributed to candidates or candidate committees, list the candidates/committees to whom the items were donated and describe the items given. Amounts in this part are not entered on Schedule G, Summary Section.

Date of payment	Candidate/committee's name, address, zip code	Description of goods, services, discounts or facilities contributed	Fair market value

Name of PAC

### **SCHEDULE D**

## LOANS/LOAN PAYMENTS

List loans from all noncommercial sources and any financial institutions in this State.

#### PART 1 – LOANS/LOAN REPAYMENTS – OTHER THAN FINANCIAL INSTITUTIONS IN MAINE

		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Date of loan/ loan repayment	Identity of lender	Loan balance from previous period	Amount loaned this period	Amount repaid/ forgiven this period	Unpaid loans Columns 1 + 2 - 3
.Total Non-Fina	ancial Institution Loan Activity This Period		Sched. G, line 2a	Sched. G, line 5a	
PART II – LOA	ANS/LOAN REPAYMENTS – FINANCIAL I	NSTITUTIONS IN M	IAINE		
		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Date of loan/	Full name and address of lender	Loan balance from	Amount loaned	Amount repaid/	Unpaid loans

			COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4
Date of loan/ loan repayment		Full name and address of lender	Loan balance from previous period	Amount loaned this period	Amount repaid/ forgiven this period	Unpaid loans Columns 1 + 2 - 3
	2.	<b>Total Financial Institution Loan Activity This Period</b>		Sch. G., line 2b	Sch. G, line 5b	
	3.	Total Loans Received This Period (Total of lines 1 & 2, (column 2) (Enter on Schedule G, line 2c)		Sch. G, line 2c		
	4.	Total Loan Repayments This Period (Total of lines 1 & 2, column 3) (Enter on Schedule G, line 5(c))			Sch. G, line 5c	
	5.	5. Unpaid Loan Balance at Close of This Period (Total of lines 1 & 2, column 4)				

Name of PAC		

#### **SCHEDULE E**

### **PLEDGES**

Pledges from one person aggregating more than \$50 must be itemized.

Date of Pledge	Name, address, zip code of person making pledge	Amount
	1. Total pledges (attach additional page if necessary)	
	2. Aggregate of pledges of \$50 or less not itemized	
	3. Total pledges this reporting period (Add lines 1 & 2)	

#### **SCHEDULE F**

## TOTAL OUTSTANDING BILLS (OTHER THAN LOANS)

List bills previously reported if still unpaid this reporting period. Do not include actual expenditures on this schedule.

Date obligation Incurred	Creditor's name, address, zip code	Purpose	Amount
	1. Total outstanding bi	ills (attach additional page if necessary)	

Name of PAC

Date Submitted

SCHEDULE G SUMMARY SECTION

Complete other applicable schedules before completing this schedule. Enter column 3 figures from previous report in column 1 of this report.

Enter column 2 figures as indicated for each line. Add column 1 to column 2 and enter in column 3.

If this is your first report, leave column 1 blank; amounts in columns 2 and 3 will be the same.

			COLUMN 1	COLUMN 2	COLUMN 3 TOTALS
			FROM COLUMN 3 PREVIOUS REPORT	TOTALS THIS REPORT PERIOD	DURING CAMPAIGN OR YEAR (add Columns 1 & 2)
1.	RE	CEIPTS	Г	Schedule A, line 4	Т
	(a)	Cash Contributions		Schedule A, Ille 4	
	<b>(b)</b>	In-kind Contributions		Schedule C, line 3	
	(c)	Other Receipts (interest income, etc.)			
	( <b>d</b> )	TOTAL RECEIPTS OTHER THAN LOANS (add lines 1a through 1c)			
2.	LO	ANS RECEIVED			
	(a)	Noncommercial Sources		Schedule D, line 1, column 2	
	<b>(b)</b>	Financial Institutions		Schedule D, line 2, column 2	
	(c)	TOTAL LOANS RECEIVED (add lines 2a and 2b)		Schedule D, line 3	
				-	
2.		TAL RECEIPTS WITH LOANS   lines 1d and 2c)			
4.	EXP	PENDITURES			
	(a)	Contributions to Candidates/Committees		Schedule B, line 3	
	<b>(b)</b>	Operating Expenses		Schedule B-1, line 3	
	(c)	In-kind Expenditures		Schedule C, line 3	
	( <b>d</b> )	TOTAL EXPENDITURES OTHER THAN LOAN REPAYMENTS (add lines 4a through 4c)			
5.	LO	AN REPAYMENTS			-
	(a)	Noncommercial Sources		Schedule D, line 1, column 3	
	<b>(b)</b>	Financial Institutions		Schedule D, line 2, column 3	
	(c)	TOTAL LOAN REPAYMENTS (add lines 5a and 5B)		Schedule D, line 4	
6.		AL EXPENDITURES WITH LOAN AYMENTS (add lines 4d and 5c)			
7.	ACC	OUNT BALANCE (subtract line 6 from line 3)			
	4400	Contact into the time of the contract interests the contract interes			ī